Utah
Department
of Health

## QUALITY AWARD

\$25

Presented to:			Recipient EIN:
Division/Office:			Recipient Org:
Thank you for:			
From:			Date:
Division/Office:			Issuer Org:
Signature:	D D: +	CDilly of O	Billing Low Org:
	Bureau Directo	or of Billing Low Org	Submit Award to Finance for Processing
$\phi \cap E$		Control Number	Entered into Payroll
120			By: Date:

Utah Department of Health	QUALITY AWA	ARD \$25
Presented to:		Recipient EIN:
Division/Office:		
TT1 1 C		
From:		Date:
Division/Office:		Issuer Org:
Signature:	Bureau Director of Billing Low Org	Billing Low Org:  Submit Award to Finance for Processing
\$25	Control Number	Entered into Payroll  By:  Date: